Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
HAL068020		B. WING		09/11/2015			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE CAROL WOODS RETIREMENT COMMUNI 750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 000	C 000 Initial Comments		C 000				
	done by Bob Getch This facility was first Aged serving 12 re Therefore the facility applicable portions Licensing of Adult of North Carolina Stat Institutional Occupa	a Biennial Construction Survey nell on September 11, 2015.  It licensed as a Home for the sidents on October 28, 2002. It was meet the 1996 and the of the 2005 Rules for the Care Homes, and, the 2002 The Building Code Section 407-ancy, Group I-2.  Inoted which will require a new					
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building ar mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex-	of all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189				
	Based on obser gates on the courty safe manner.  Findings include:     The two delayed have no signage in	et as evidenced by: vation, the two delayed egress vard were not maintained in a d egress gates in the courtyard dicating the gates are delayed aintenance installed temporary ttes while on site.					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		HAL068020		B. WING		09/	11/2015	
NAME OF	PROVIDER OR SUPPLIER	;	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE CAROL WOODS RETIREMENT COMMUNI 750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	FION SHOULD BE COMPLETE THE APPROPRIATE DATE			
C 189	Continued From page 1		C 189					
	Based on observation, the main exit door does not have a working manual over ride switch for the magnetic lock.  Findings include:							
	The main exit door which is equipped with special locking has a keyed manual over ride switch to manually release the maglock that does not work.							
	maintained in a safe the fire-resistance r		taining onents.					
	corridor doors at ropenetrations by cabb. In the attic next to room 6102 rated er fixtures have unproconduit. c. The exterior Hot unprotected ceiling NOTE: PVC pipe 2	barrier wall over the crom 6102 has unproted ble. the smoke barrier wall other smoke barrier waterlosures for the fluore tected penetrations by Water/Mechanical roopenetrations by PVC penetrations in diameter collar or similar systems.	eted all at escent of flex m has bipe. er or					
	conformance with through penetration	openings are not in he requirement to use fire stop system that ordance with ASTM E-	has					
	maintained in a safe of oxygen cylinders	vation, the building wa e manner by improper . This would affect all ally exposing them to	storage					

Division of Health Service Regulation

STATE FORM DJ2N21 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED			
		HAL068020	B. WING		09/1	1/2015		
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
C 189	Continued From pa	ge 2	C 189					
	from a ruptured cyli	nder.						
	Findings include: Room 6103 has an secured in a holder	oxygen bottle that is not						
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191					
	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the electrical system was not maintained in a safe manner by allowing the use of a portable electric heater.  Findings include: The Bathing Room has a portable electric heater.							

Division of Health Service Regulation STATE FORM